



# **FACT SHEET**

## **VOLUNTEER REQUIREMENTS BEFORE REPORTING TO PERSONNEL HEALTH:**

### **ADULT VOLUNTEERS:**

1. Complete the Immunization Form.
2. Provide Social Security Number and Date of Birth.

### **MINOR VOLUNTEERS:**

1. Complete the immunization form.
2. Provide Social Security Number and Date of Birth.
3. Consent form signed by a parent.
4. Provide the immunization record from their Physician.
5. If Purified Protein Derivative (PPD) is positive, provide copy of chest X-ray results from the Provider or a note from the Doctor saying the volunteer is free from tuberculosis.

## PERSONNEL HEALTH (PH) Volunteer Information Sheet

Welcome to the VA and thank you for volunteering.

Personnel health is located in Building 203, room GB-17. Our telephone number is extension – 2735.

Our vaccination clinic hours are as follows:

Mondays-Fridays: 10:00 am – 11:00 am and 2:00 pm – 3:00 pm

**\*\*Please note that PPD/TB skin test cannot be placed on Thursdays**

All volunteers are required to have the following:

1. TB/PPD skin tests are required annually. You need to go to the personnel health services office to get your PPD skin test, and you need to return PH in 48 hours (2 days) for the reading. If you do not have a previous TB skin test within the last 12 months, you must have two TB skin test separated by one week
2. If you have a history of a positive PPD skin test, you must complete a Positive PPD questionnaire and annually thereafter. You must also have a baseline CXR the first time you are seen in personnel health
3. Completed the attached Hepatitis B vaccination consent form. Hepatitis B vaccination is offered at no charge to all volunteers. If you want the *no charge hepatitis B vaccination* series -> come to personnel health during the vaccine hours as noted above
4. Completed the attached mandatory Vaccine Questionnaire. If you have never had chickenpox, measles, mumps, or rubella, or if you are not sure, we will order a blood test to check your status.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Volunteer Service  
Service and Extension

\_\_\_\_\_  
Supervisor Name (if available)

## VACCINE QUESTIONNAIRE

1. NAME \_\_\_\_\_  
LAST FIRST
2. DATE OF BIRTH: \_\_\_\_\_  
MONTH DAY YEAR
3. SEX: ( CIRCLE ) FEMALE MALE
4. IN WHAT COUNTRY WERE YOU BORN ? \_\_\_\_\_
5. IF YOU WERE NOT BORN IN THE U.S., IN WHAT YEAR DID YOU FIRST COME TO THE U.S. ? \_\_\_\_\_  
YEAR
6. LOCATION OF WORK AT THIS VA MEDICAL CENTER \_\_\_\_\_  
WARD,SERVICE
7. FOR HOW MANY YEARS HAVE YOU PROVIDED PATIENT CARE IN ANY HEALTH CARE FACILITY ( HOSPITAL,NURSING HOME, CLINIC,ETC.) ? \_\_\_\_\_  
# OF YEAR
8. HAVE YOU EVER HAD OR BEEN VACCINATED FOR THE FOLLOWING:  

MEASLES	YES	NO	NOT SURE
MUMPS	YES	NO	NOT SURE
RUBELLA	YES	NO	NOT SURE
9. HAVE YOUR EVER HAD CHICKENPOX OR SHINGLES ? (CIRCLE ) YES NO  
NOT SURE
10. HOW MANY BROTHERS AND SISTERS DO YOU HAVE ? \_\_\_\_\_  
( COUNT THOSE WHO MAY HAVE DIED ) NUMBER
11. ARE YOU THE YOUNGEST OF ALL OF YOUR BROTHERS AND SISTERS?  
( INCLUDE THOSE WHO MAY HAVE DIED ) ( CIRCLE ) NO YES
12. HAVE ANY OF YOUR CHILDREN EVER HAD CHICKENPOX OR SHINGLES?  
( CIRCLE ) NO YES NO CHILDREN

**DVA MEDICAL CENTER, SAN FRANCISCO**  
**HEPATITIS B VACCINE PROGRAM CONSENT/REFUSAL FORM**

**Please check one**

**[ ] YES, I WANT TO RECEIVE HEPATITIS B VACCINE**

I have read the statement on the reverse side about hepatitis B vaccine. I have had an opportunity to ask questions and I understand the benefits and risks of the vaccine.

I wish to participate in the vaccination program. I understand this includes 3 injections at prescribed intervals over a six-month period. I further understand that, as with all treatment, there is no guarantee that I will become immune to hepatitis B or that I will not experience an adverse side effect as a result of the vaccination.

**[ ] NO, I DO NOT NEED TO RECEIVE HEPATITIS B VACCINE**

Because of prior infection or vaccination, I do not wish to participate in the hepatitis B vaccination program. However, I wish to check my immunity.      **[ ] YES   [ ] NO**

**[ ] NO, I DO NOT WANT TO RECEIVE HEPATITIS B VACCINE**

I understand that due to my occupational exposure to blood and other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection.

I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge to myself.

However, I decline hepatitis B vaccination at this time.

I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease.

If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine (while still an employee at DVA Medical Center, San Francisco), I can receive the vaccination series at no charge to me.

I have had my questions answered to my satisfaction.

\_\_\_\_\_  
*Signature of employee*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed name of employee*

\_\_\_\_\_  
*Social Security Number*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

\_\_\_\_\_  
*Telephone Number*

THIS FORM MUST BE MAINTAINED FOR  
THE DURATION OF EMPLOYMENT PLUS 30 YEARS

# INFORMATION ABOUT HEPATITIS B INFECTION & HEPATITIS B VACCINE

## THE DISEASE

Hepatitis B is a virus that is transmitted by blood and body fluids. People most often become infected with hepatitis B virus (HBV) through unprotected sexual intercourse with an infected partner, or by sharing needles with an infected person during injection drug use. Health care workers who have frequent and direct contact with blood and body fluids are also at high risk for exposure to HBV.

Most people who become infected with HBV recover completely and have natural immunity to further infection from HBV. Approximately 5-10% of people, however, develop chronic infection, and even though they may have no symptoms, they can continue to transmit the disease to others. Eventually, 1-2% of chronically infected people will die from complications of their infection.

## THE VACCINE

Several safe and effective vaccines against HBV have been available for over 10 years. Immunization with these vaccines can prevent acute hepatitis B infection, and can also reduce sickness and chance of death from the long-term complications of HBV infection. For example, it is estimated that one health care worker dies each day in the US as a result of *preventable* HBV infection.

The modern hepatitis B vaccine uses the non-infectious portion of the virus and is produced in the laboratory from common baker's yeast cells. It is not made from blood or blood products. The vaccine *cannot* transmit HBV or HIV infection.

The full course of immunization usually requires 3 *doses of vaccine given at specific intervals over a 6-month period*. A fourth dose is sometimes required. Over 90% of healthy people who receive the full course of immunization will develop protective immunity against HBV. People who are immune from natural infections do not require vaccination.

Side effects from the vaccine are uncommon. Redness or tenderness at the injection site may occur. A few people may experience a low-grade fever, chills, nausea, joint pain, headache, or mild fatigue. These reactions are mild and usually subside within 48 hours. No serious side effects have been reported with the vaccine and there is no evidence that the vaccine has ever caused hepatitis B or any other disease. However, with any vaccine, the possibility exists that more serious side effects may be identified with more extensive use. *The vaccine should not be taken during pregnancy.*

IF YOU HAVE FURTHER QUESTIONS ABOUT HEPATITIS B OR THE HEPATITIS B VACCINE PLEASE CONTACT PERSONNEL HEALTH SERVICE AT EXT 2735.
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### INFORMATION FOR SUBMISSION OF FINGERPRINTS

Fingerprints are required prior to being issued a badge and/or authorized systems (computer) access. If a background investigation National Agency Check with Written Inquiries (NACI) is required, systems access will not be authorized until ALL completed forms have been submitted to HRMS.

**NOTE:** This form must be completed in its entirety or you will not be fingerprinted.

NAME: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

ALIAS: \_\_\_\_\_ SEX: \_\_\_ Female \_\_\_ Male RACE: \_\_\_\_\_  
(Former/Other Name(s) Used)

EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ HEIGHT (FT/IN): \_\_\_\_\_

WEIGHT (LBS): \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
(State/Country)

RESIDENT ADDRESS: \_\_\_\_\_  
(Street Address/City/State/Zip Code)

COUNTRY OF CITIZENSHIP: \_\_\_\_\_

POSITION: \_\_\_\_\_  
(Do Not Abbreviate)

SCARS/MARKS/TATTOO(S): \_\_\_\_\_

### TYPE OF APPOINTMENT

\_\_\_ VA Paid Employment (NACI) \_\_\_ NCIRE WOC (NACI) \_\_\_ UCSF WOC (NACI)

\_\_\_ Other WOC (Specify) \_\_\_\_\_ \_\_\_ Volunteer \_\_\_ Volunteer (NACI) \_\_\_ Fee Basis

\_\_\_ Resident \_\_\_ Resident (NACI) \_\_\_ Student from \_\_\_\_\_

\_\_\_ Intern from \_\_\_\_\_ (Contractors require separate form – Refer to Joanna Garay)

This individual will be assigned to \_\_\_\_\_  
(Service)

☐ Card Key Access Identification Badge Authorized By: \_\_\_\_\_

\_\_\_\_\_  
(Printed Name & Signature of Appropriate Service/Service Line Official) (Contact Phone Number)

This form needs to be signed off by Human Resources Management Service (HRMS).

Fingerprinted by: \_\_\_\_\_ Date Printed: \_\_\_\_\_



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(Last Name) (First Name) (Middle Name)

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

ALIAS: \_\_\_\_\_ SEX: \_\_\_ Female \_\_\_ Male RACE: \_\_\_\_\_  
(Former/Other Name(s) Used)

EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ HEIGHT (FT/IN): \_\_\_\_\_

WEIGHT (LBS): \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
(State/Country)

RESIDENT ADDRESS: \_\_\_\_\_  
(Street Address/City/State/Zip Code)

COUNTRY OF CITIZENSHIP: \_\_\_\_\_

POSITION: \_\_\_\_\_  
(Do Not Abbreviate)

SCARS/MARKS/TATTOO(S): \_\_\_\_\_

#### TYPE OF APPOINTMENT

☐ VA Paid Employment (NACI) ☐ NCIRE WOC (NACI) ☐ UCSF WOC (NACI)  
☐ Other WOC (Specify) \_\_\_\_\_ ☐ Volunteer ☐ Volunteer (NACI) ☐ Fee Basis  
☐ Resident ☐ Resident (NACI) ☐ Student from \_\_\_\_\_  
☐ Intern from \_\_\_\_\_ (Contractors require separate form – Refer to Joanna Garay)  
This individual will be assigned to \_\_\_\_\_  
(Service)

☐ Card Key Access Identification Badge Authorized By: \_\_\_\_\_

\_\_\_\_\_  
(Printed Name & Signature of Appropriate Service/Service Line Official) (Contact Phone Number)

This form needs to be signed off by Human Resources Management Service (HRMS).

Fingerprinted by: \_\_\_\_\_ Date Printed: \_\_\_\_\_

Department of Veterans Affairs Medical Center  
San Francisco, California

Medical Center Memorandum 05-25

MKB/pg

June 27, 2007

**SUBJECT: Dress Policy Guidelines**

1. **Purpose:** To provide medical center standard guidelines for the dress and appearance of employees in order to present a professional image to patients, visitors, and other medical center staff. These guidelines are applicable to all employees who have patient, public and other medical center staff contact during the course of their work. This policy does not apply to employees who are subject to uniform requirements.

2. **Policy:** It is the policy of the medical center to project professional pride and respect to the veterans and other customers we serve. Each employee's personal appearance contributes to the overall image of the medical center as a provider of quality health care. We expect employees to wear clothes that are suitable to the professional health care environment and to maintain standards of personal hygiene and grooming that promote safety and enhance infection control. Employees are expected to wear clothes which are appropriate for the work performed and for the area in which the employee works. In Services where personal protective equipment and clothing policies require a particular type of clothing, footwear, etc., or have jewelry restrictions, the personal protective policies, procedures and/or needs will be followed. VA-issue identification badges will be worn and will be visible at all times by all employees while in the performance of their duties.

3. **Procedures:** Generally, employees are to wear clothing that is neat, clean, in good repair and does not interfere with the professional health care environment. In addition, employees should adhere to the following medical center dress code guidelines:

a) Employees are expected to use common sense and good judgment when choosing their work attire. All clothing is to be neat, clean and appropriate to the position that the employee holds and will comply with common standards of modesty in a health care/business setting.

b) Employees are expected to maintain appropriate personal hygiene.

c) Dresses, skirts, and shorts should be of modest length. Cut-off shorts are not acceptable.

d) Revealing clothing is unacceptable. Examples may include halter-tops, spaghetti straps, bare mid-riffs, crop tops, muscle shirts, plunging or low neck lines, sheer, clingy, or revealing clothing.

e) Waistbands of pants should be worn at the waist. Exposed underwear or other clothing that reveals or calls attention to private parts or is otherwise sexually suggestive or provocative is not acceptable.



f) Caps, hats, or other head coverings should not be worn indoors, except as required for the position or by established religious doctrine or specifically approved by the individual's supervisor.

g) Clothing which has sexual connotations or other offensive/demeaning language or pictures is not allowed. Clothing which advocates illicit drugs or alcohol products is also not allowed.

h) Types of shoes worn must be consistent with the work environment and not pose a safety hazard.

i) Excessive use of fragrance or after shave lotion may cause severe allergic reaction for some persons and should be avoided. The wearing of any scent that can be detected from more than three feet away or that lingers in the air after the person wearing it has left is regarded as inappropriate. Therefore, fragrances will be used in moderation, especially in patient care areas where patients may be affected.

j) Buttons or clothing displaying partisan political advertising and/or slogans that may be offensive, insulting, or profane are not permitted.

k) Note: "Holiday attire" for any holiday, especially Halloween, must meet all of the criteria stated above and must reflect mindfulness of the many needs and concerns of our veteran patients. Garish, frightening, or otherwise provocative images are not appropriate.

4. If an employee's dress, appearance or hygiene endangers the health or safety of others, distracts other employees from their work, causes customer complaints or otherwise adversely affects quality or efficiency of service, the supervisor may require the employee to make whatever change is necessary immediately. When an employee violates this policy, the supervisor will counsel the employee, and if the violation involves disruption of service and is practical, the supervisor may authorize up to 59 minutes of excused absence and whatever annual leave would be needed to allow the employee to make the necessary changes.

5. Service Chiefs and supervisors are responsible to set an appropriate example and discuss expected manner of dress with each employee. Service Chiefs and supervisors will also be responsible for enforcing the guidelines. However, management will be sensitive to cultural and religious preferences and customs, as they relate to dress and grooming.

6. Human Resources will be responsible for the overall administration of this policy. This responsibility includes overseeing policy and furnishing information and assistance to managers, supervisors and employees upon request. Human Resources will be responsible for providing a copy of this policy to all newly hired employees.

7. REFERENCES: None

8. RESPONSIBILITY: Chief, Human Resources Management Service is responsible for the contents of this memorandum.

9. RESCISSION: None

A handwritten signature in black ink on a light beige background. The signature is written in a cursive style and reads "Sheila M. Cullen".

Sheila Cullen

Medical Center Director



# **VOLUNTEER HANDBOOK**

## **San Francisco Medical Center**



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## *The Voluntary Service Program*

The Voluntary Service Program is based on a plan for community participation in the care and treatment of hospitalized veterans. Through this plan, community volunteer efforts merge with staff efforts to provide the best medical treatment possible for veteran patients.

Volunteers contribute their services to the VA Medical Center in three ways:

- As individuals or as groups by providing services to benefit patients.
- By arranging and sponsoring activities for groups of patients.
- By contributing supplies, monetary donations and equipment to be used for patients.

Volunteers do not replace staff members in any way. Volunteers compliment essential personnel by providing special care for the patient, thereby providing the fullest and most practical utilization of all resources in the care and treatment of hospitalized veterans.

## *The Volunteer*

Volunteers supplement the activities of the regular staff by relieving them of specific duties not requiring professional training, thus increasing the effective service of the hospital.

The mission of the Medical Center is furthered through the message which an active, informed and satisfied Volunteer brings to others in the community.

The Volunteer must understand that service is not initiated or extended without authority. The one way of knowing exactly what you, as a Volunteer, can do, comes from training. It is important that you learn from training and experience.

The services provided by Volunteers pave the way for a more relaxed hospitalization. Volunteers bring a continuing contact with the outside world and helps motivate the recovery of the veteran. It is the “extra” things performed by the Volunteers throughout the hospital that makes the “BIG” difference with the patients.

## Minimum age Requirements for Volunteers

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According to the San Francisco Medical Center policy, the minimum age to be eligible to register as a volunteer is 14 years of age. Volunteers aged 14 to 18 must also submit a medical consent form and a co-signature from a parent or legal guardian on the Volunteer Application.

Applicants aged 16 and older may be placed independently within the medical center. Volunteers aged 14 to 15 will only be assigned to the service in which their parent or guardian works and written permission from the area service chief is mandatory.

## Registration

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Once a Volunteer application is submitted and a placement has been arranged, Volunteers are required to complete an orientation and provide a current PPD test result (exposure to Tuberculosis). In order to be considered recent, the test result needs to show a date that is not older than a year.

## Tuberculosis Skin Test

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Since the incidence of TB has increased significantly, before working with patients, all scheduled volunteers must receive a skin test for tuberculosis (PPD). To insure patient and volunteer safety, this test will be repeated annually on each volunteer's birthday.

The medical center Personnel Health Department performs PPD tests at no cost to volunteers. A schedule that lists the days and times that the test is administered is available. PPD tests are read following a 72 hour period. Therefore, it is important to plan accordingly.

## Identification Badges

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Volunteer badges will **NOT** be issued without PPD clearance and fingerprint memo. Once evidence is provided that a PPD test has been conducted and read, volunteers are eligible to receive a Volunteer Identification Badge from the VA Police Office. If a PPD test reads positive, chest x-ray findings are required prior to being issued an identification badge.

In accordance with medical center policy, all volunteers and staff members must wear their identification badge **at all times** during VA related Volunteer assignments. Lost identification badges should be reported to the Voluntary Service Office immediately. All volunteer badges should be returned when volunteer assignments finish.



## Dress Code and Personal Hygiene

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There is no established dress code for the SFVAMC. However, personal hygiene is imperative in a hospital environment. Volunteers are required to wear clean, conservative and appropriate clothing at all times. Some services may require volunteers to wear specific attire.

## Parking

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PATIENTS AND VOLUNTEERS DO NOT HAVE TO PAY PARKING FEES. However, to avoid receiving a parking ticket you must do the following:

1. Obtain a Volunteer Parking Pass and display it on your vehicle. Parking passes are only available in the VA Police Office and are issued in 90 day (3 month) increments.
2. Park in lot number 10, 11 or the Parking Garage **ONLY**. These two parking lots are located just north of the garage.



The “Volunteer” parking spaces located near Building 7 are strictly reserved for disabled and elderly volunteers **ONLY**. Prior to parking in these spaces, permission must be obtained.

## Logging In

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**ALL VOLUNTEERS MUST SIGN IN UPON EACH VISIT TO THE MEDICAL CENTER.**

All off-station activities performed to benefit veterans should also be reported.

Upon registration as a volunteer, you will be issued a pin number or identification code. You will need to use the code each time you sign in.

Usually the volunteer code assigned will be:

- The **FIRST** letter of your **LAST NAME** , followed by
- The four random numbers assigned by the VSS System.

**EXAMPLE:** “B2652”



## Manual Log

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If the office is closed during an assignment, it is important that hours are recorded on the manual log during the next visit to the medical center. Hours can also be called in on (415) 750-2144.



## **Meals**\_\_\_\_\_

Volunteers working a minimum of 5 hours per day are eligible for a complimentary meal ticket authorized by Voluntary Service. Meal tickets are only given for lunches during the Canteen hours of operation between 7am to 4pm.



## **Canteen and Retail Store Privileges**\_\_\_\_\_

Volunteers are entitled to the same privileges and restrictions as the medical center staff regarding purchases made at the Canteen and the Retail Store.



## **Personal Belongings**\_\_\_\_\_

All personal belongings should be stored in a secure area, preferably in an area that has a lock. The VA Medical Center assumes no responsibility for any lost or stolen items.



## **Patient Rights**\_\_\_\_\_

All Volunteers are expected to recognize patient rights and respect patient confidentially. As a part of the orientation process, you will be required to watch an educational video on HIPPA (Privacy Act) and sign an agreement that you understand and will comply with all medical center policies. In addition, no photographs or tapes of patients are to be made without the expressed written consent of the patient(s) and the Chief of Voluntary Service.



## **Unusual Events or Incidents**\_\_\_\_\_

All unusual or suspicious events should be reported to a supervisor and the police immediately.

## **Harassment**\_\_\_\_\_



The San Francisco VA Medical Center practices zero tolerance regarding any form of harassment. Inappropriate behavior should be reported to the area supervisor and the Voluntary Service office. The Medical Center EEO Officers are also available to assist with any matters concerning sexual harassment and or discrimination.





## Misconduct

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The highest level of professionalism is expected by both staff and volunteers. Voluntary Service reserves the right to remove a volunteer from an assignment at any time due to unsatisfactory performance or violation of established policies and procedures.

## Emergency Procedures

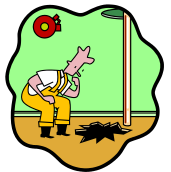
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All emergencies should be reported on “2-2-2-2”. The dispatcher will direct the call to the appropriate response team.



During a drill, all volunteers are to remain at their duty stations unless otherwise advised by their direct manager or supervisor. Each area has additional specific instructions.



## Accidents

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All Volunteers are afforded emergency outpatient treatment for injuries incurred during the course of their assigned duties. There is no charge for this service. However, accidents must be reported to a supervisor and the Personnel Health Physician immediately. If an accident occurs outside of administrative hours, the Medical Officer of the Day located in the E & A clinic must be notified.



## Health Considerations

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Annual flu vaccines are recommended for Volunteers working in patient care areas and are offered free of charge. Volunteers who are ill should not come to work because patients are very vulnerable to infections and illness. Volunteers are required to notify their supervisor whenever they are unable to work during scheduled hours.



## Gifts

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Volunteers should not accept gifts from patients.

All donations and gifts for patients should come through the Voluntary Service Office.



## Holidays

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Volunteers should not work on Federal Holidays unless a special assignment is coordinated by a supervisor.



## Volunteer Recognition

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April marks National Volunteer Recognition Month throughout the VA System. A special awards banquet is held on an annual basis to honor volunteers.

## VOLUNTEER RESPONSIBILITIES

- Be on time.
- Be dependable in following your assignment.
- If you are unable to come during your scheduled assignment, notify your supervisor.
- Learn the details of your job; accept its scope and time limits.
- Ask for the help and direction of others when necessary.
- If you are injured on the job, report the injury to your supervisor **immediately**.
- Attend meetings related to your job.
- Follow established procedures and comply with agency ethics.
- Request clarification from your supervisor if you are unclear about policies or facts.
- Take pride in what you are doing and always be on the lookout for ways to improve doing it.
- If an assignment is not what you expect, notify the Voluntary Service Office immediately.
- Your suggestions and ideas are always welcome. Therefore, always maintain open communication with your co-workers and supervisor.
- Do not allow any inappropriate behavior from others interfere with your effectiveness.
- If you suspect any wrongful behavior, report the incident or behavior immediately to your supervisor.
- Respect confidences.
- Do not allow personal issues to interfere with your responsibilities and the needs of the service you are assisting. Therefore, if a personal issue arises that can or will affect your performance, discuss it with your supervisor.
- Take your assignment seriously and honor the time you have committed to.
- If you plan to discontinue your assignment, give adequate notice of resignation.

## **IT IS IMPORTANT TO PRACTICE STANDARD UNIVERSAL PRECAUTIONS**

### **VOLUNTEERS INVOLVED IN “DIRECT” PATIENT CARE**

1. Handle the blood and body fluid/substances of ALL patients as potentially infectious.
2. Wash hands before and after all patient or specimen contact.
3. Wear gloves when contact with blood or body fluid/substances is anticipated; remove gloves after each individual task and wash hands.
4. Wear a gown or disposable plastic apron when splashing with blood or body fluid/substance is anticipated.
5. Wear the N-95 particulate respirator for protection against airborne transmitted disease (i.e. TB). HIV is not airborne.
6. Wear a protective mask with eye shield or eyewear and mask if facial splashes with blood or body fluid/substances are anticipated (e.g. when disconnecting tubing, emptying fluid filled containers, etc.).
7. Place used syringes and sharps immediately in a nearby puncture resistant container; generally, needles should not be recapped or manipulated in any way. Use extreme caution when handling needles or sharps.
8. Handle ALL laboratory specimens as potentially infectious.
9. Place equipment needed for emergency resuscitation (e.g. Ambubags and/or mouth pieces) in areas where there may be a need for resuscitation (all patient care areas).

## **PROCEDURES TO FOLLOW FOR EXPOSURES TO BLOOD OR BODY FLUIDS**

1. Wash your hands, arms, face, etc., immediately and thoroughly if you have had unprotected contact with body substances (blood, CSF, urine, peritoneal fluid, etc.).
2. Protect your non-intact skin (e.g. chapped, abraded or afflicted with dermatitis) or mucous membranes from contact with body fluids.
3. **CALL THE 24 HOUR NEEDLESTICK HOTLINE (415) 469-4411** when you have had an exposure to blood or body fluid/substances such as a needle stick or a splash of blood onto non-intact skin or mucous membranes. Confidential follow-up available.

## **INFECTION PREVENTION AND CONTROL/UNIVERSAL PRECAUTIONS PROGRAM**

The Infection Prevention and Control Program at VAMC San Francisco is designed to prevent hospital-acquired infection in patients and to prevent transmission of communicable diseases from patients to staff and from staff to patients and visitors. To accomplish this, each and every employee has the following responsibilities:

- To maintain his/her own personal hygiene (bathing, clean uniform or clothing and hand washing).
- To report any illness or on-the-job accident to one's supervisor.
- To practice hand washing before and after all patient activities.
- To know and practice Universal Precautions (over) on all patients at all times.
- To know the location of and the proper use of equipment needed to protect you from exposure to blood/body fluids.
- To know that you are eligible to receive Hepatitis B vaccine. Hepatitis B vaccination for all direct patient care providers is strongly encouraged. If you decline, you must sign a statement that you are doing so.
- To participate in your service's annual classes on Infection Control, OSHA and Universal Precautions (this is a Medical Center, JCAHO and VACO requirement).
- To maintain your immunity to certain infectious diseases by keeping your vaccinations current (i.e. measles) and by yearly skin testing for Tuberculosis (TB). Certain assignments require more frequent skin tests. Immunity to Chicken Pox must be documented. If you are non-immune, VARIVAX (Chicken Pox vaccine) is advised.
- To know your specific services' infection prevention and control policies.
- To use the safety devices (i.e. safety syringes) available in your workplace.

Our goals are to maintain a safe environment for patients, staff and visitors. Your cooperation and commitment to the Medical Center's Infection Control Program can accomplish those goals. Each of your services has a representative who is responsible for training in Universal Precautions/Infection Control and an Infection Control Manual (Bright Yellow Binder). This binder contains the TB and Exposure Control plans. All services have special Infection Control policies for their work areas. Be familiar with your services policies.

**For further questions contact the Infection Control nurse.**



# **Protection of sensitive material VAMC Volunteers**

The following rules of behavior apply to Medical Center Volunteers who have access to sensitive information of any kind (patient information, fiscal records, employee files, etc...). Because written guidance cannot cover every contingency, personnel, including volunteers are asked to go beyond the stated rules, using their best judgment and highest ethical standards to guide their actions. Personnel must understand that these rules are based on Federal laws, regulations, VA and VHA Directives. As such, there are consequences for non-compliance with rules of behavior. Depending on the severity of the violation and after investigation by the Superior and/or Chief of Voluntary Services, consequences can include: suspension of access privileges, removal, and criminal and civil penalties.

**I understand that, when performing my duties, I am personally accountable for my actions and that I must:**

1. Protect sensitive information from disclosure to unauthorized individuals or groups.
2. Acquire and use sensitive information only in accordance with the performance of my official government duties, utilizing established security policies and procedures. This includes: properly disposing of sensitive information contained in hardcopy or softcopy, as appropriate, and ensuring that sensitive information is accurate and relevant for the purpose which it is collected, provided, and used.
3. Protect information security through effective use of my access codes and devices.
4. Protect my access codes and devices from disclosures.
5. Protect my computer equipment from damage, abuse, and unauthorized use.
6. Report security incidents and vulnerabilities to the ISO.
7. Comply with all copyright licenses associated with the resource.
8. Comply with the personal use of government equipment in accordance with my site's local policies and procedures.

**I understand that I may be subject to an investigative requirement based on my position and the sensitivity level designation assigned.**

**I understand that management has the right, in the course of an official investigation to monitor, intercept, read, record, and copy all information attributable to my access of this resource.**

Unless and until the Director of this facility or my direct Supervisor releases me in writing, I understand that all conditions and obligations imposed upon me by these rules apply during the time I am granted access to this system.

**I acknowledge receipt of and understand my responsibilities, and will comply with the rules of behavior for the resource defined above.**

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Volunteer Signature

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Date

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Chief, Voluntary Services Signature

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Date



### **Statement of Commitment and Understanding**

As a Volunteer of San Francisco Veteran Affairs Medical Center (SFVAMC), I am committed to safeguarding the personal information that veterans and their families have entrusted to the Department. I am also committed to safeguarding the personal information which VA volunteer and applicants have provided.

To ensure that I understand my obligations and responsibilities in handling the personal information of veterans and their families, I have completed both the Annual General Privacy Awareness Training (or VHA Privacy Training, as applicable) and the Annual VA Cyber Security Training. I know that I should contact my local Privacy Officer, Freedom of Information Act Officer, Information Security Officer, or Regional or General Counsel representative when I am unsure whether or how I may gather or create, maintain, use, disclose or dispose of information about veterans and their families, and VA employees and applicants.

I further understand that if I fail to comply with applicable confidentiality statutes and regulations, I may be subject to civil and criminal penalties, including fines and imprisonment. I recognize that VA may also impose administrative sanctions, up to and including removal, for violation of applicable confidentiality and security statutes, regulations and policies.

I certify that I have completed the training outlined above and am committed to safeguarding personal information about veterans and their families, and VA employees and applicants.

---

[Print or Type Volunteer Name]

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Volunteer Signature

### **VOLUNTEER**

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Position Title

---

Date

## Frequently Asked Questions

### **What is the purpose of this Statement of Commitment and Understanding?**

As you have seen in recent extensive media coverage, personal, potentially sensitive information on over 26 million veterans and some family members was stolen from a VA employee when his home was burglarized.

Veterans entrust VA employees with extensive medical, financial, and other personal data, and rely on the integrity of our staff and of our security procedures to protect that information, and to ensure that VA properly protects their personal information. The confidence in the safety of their private data has been seriously damaged by the recent data breach. It is important that we demonstrate to America's veterans that we understand our responsibilities to them, and that we are re-dedicating ourselves to this effort. We cannot accomplish our mission of providing services to our veterans if we do not have their complete confidence that we will use their information properly to provide them with the services and benefits they have earned.

### **Does signing this statement impose any new obligations on me beyond those which already apply?**

No. The Statement does not impose any new obligations on employees, or subject them to any new penalties. All VA employees must already comply with the Privacy Act and other confidentiality requirements. These statutes and regulations make employees subject to possible fines or imprisonment for improperly using or disclosing information. Signing the Statement does not change or increase the employee's responsibilities or liabilities.

The Statement is an effort to demonstrate to America's veterans that we take our obligation seriously to treat their personal information carefully. Although it is helpful to state what we do as a Department as a matter of policy, we believe it will be more effective if each of us, as employees who actually deliver the services and benefits to veterans, sign the Statement essentially confirming that:

- We already are required to be trained on our responsibilities for protecting veterans information;
- We already are subject to the penalties contained in the Laws governing Privacy; and
- We are committed to maintaining the confidentiality of their personal data.

### **I do not have routine or regular access to veteran's data in my job. Do I still have to sign the Statement?**

Even employees who do not have routine or regular access to veteran data may hear confidential information. A veteran may tell you something about his or her medical condition or claim, or you may be assisting a veteran who tells someone else about his or her medical condition. You may find information which was lost or misplaced. You are responsible for ensuring the confidentiality of veteran information in any of these or similar situations.



## Frequently Asked Questions

So, as noted above, it is important that veterans can rely on the fact that EVERY VA employee understands the sensitivity of veterans' personal information, and that each employee is committed to protecting it within the scope of his or her personal responsibility.

**In the Statement of Commitment and Understanding, I must certify I have taken the General Privacy Act Training. I have not taken that course, but have viewed the video entitled “*Privacy: It’s Everyone’s Business.*” Does that satisfy the requirement?**

VA has developed several training vehicles to help employees understand the regulations and statutes governing the use and disclosure of veterans' personal data. Our objective is to protect employee from any of the penalties contained in the applicable confidentiality statutes and regulations, as well as to ensure veterans', employees' and applicants' data is not compromised. Accordingly, completion of any of the following training modules will satisfy the requirement:

- General Privacy Awareness Training (online course)
- VHA Privacy Course (online course)
- VHA Provider Privacy Training (video)
- Privacy: It's Everyone's Business (video)

**I do not have access to a computer at work. How do I complete the VA Cyber-Security Training?**

The VA Cyber Security Awareness Training may be taken by hard copy. Contact your facility Information Security Officer (ISO) or Privacy Officer to obtain a copy.

You may also take this training by video.

**The Statement of Commitment and Understanding states that I may obtain additional information from the local Privacy Officer or a number of other individuals—how can I find out who these employees are at my workplace?**

Your immediate supervisor can help you identify the local Privacy Officer and other individuals responsible for implementing or enforcing confidentiality laws and regulations. Senior Management at Regional Offices, Medical Centers and Clinics and National Cemeteries are being directed to put the names, locations and phone numbers for these individuals at local sites. Our goal is to make it easy for employees to contact knowledgeable staff and obtain assistance quickly when they have questions concerning sensitive data or information. We want to avoid placing employees at risk, and we want to help them safeguard sensitive data.

## Frequently Asked Questions

### **I find the penalties outlined in The Statement of Commitment and Understanding to be intimidating. Do I have to sign the documents?**

Yes. ALL employees are required to sign the form, as part of the Department's effort to regain the trust of our veterans. Signing this form is a condition of continued employment.

It is important to note that all employees are already covered by the applicable confidentiality statutes and regulation and are subject to the penalties contained in those laws. An employee cannot avoid liability under the laws and regulations by not signing the Statement.

### **If employees are already covered by the responsibilities penalties contained in the confidentiality statutes and regulations, and have been required to take both The General Privacy Awareness and Cyber Security Awareness Training for the past several years, why do we have to sign the Statement?**

As you can see from the question itself, the only new requirement in the Statement is that each employee affirms that he or she is committed to protecting sensitive data from improper use or disclosure. We feel this is a powerful statement for VA to make to our veterans in light of recent events. We believe that VA employees will be proud to declare their commitment to protect the personal information entrusted to VA. We appreciate your cooperation and support in making this Statement of Commitment and Understanding to the nation's veterans.

Office of Human Resources and Administration  
June 2006



**Parental Consent  
for  
Tuberculosis Skin Test and Chest X-Ray**

All volunteers under the age of 18 are required to obtain parental consent for tuberculosis skin tests (PPD) and if necessary, a chest x-ray. If a PPD test reads positive, the volunteer must receive a chest x-ray with physician clearance prior to any volunteer assignment.

I \_\_\_\_\_ give consent for my son/daughter \_\_\_\_\_ to receive a  
Guardian Name Volunteer Name

tuberculosis skin test (PPD) administered by the San Francisco VA Medical Center. In the event that the skin test reads positive, I also give consent for a chest x-ray.

\_\_\_\_\_  
Parent Guardian Signature

\_\_\_\_\_  
Date



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\_\_\_\_\_  
Parent Guardian Signature

\_\_\_\_\_  
Date

# SAN FRANCISCO VA MEDICAL CENTER

4150 Clement Street • San Francisco, CA 94121 • 415 221-4810



- Main Entrance
- Other Entrance
- ♿ Entrance for the Disabled
- + Ambulance Entrance
- ? Information Desk (Ground Floor)
- T Taxi Stop
- Muni Bus Stop
- Paid Parking Machines
- RV Parking
- S Shuttle Bus Stop
- P Patient Parking
- V Visitor Parking
- A Authorized Vehicles only
- G GSA Parking
- E Employee Parking
- Elevator Location
- Picnic areas
- Smoking Shelter
- Smoking Area

